

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Chris Day for Congress

ADDRESS (number and street) ▼

PO Box 87



Check if different than previously reported. (ACC)

New City

NY

10956

2. FEC IDENTIFICATION NUMBER ▼

C

C00557512

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NY

17

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

11 / 04 / 2014

in the State of

TN

5. Covering Period

M M / D D / Y Y Y Y

10 / 16 / 2014

through

M M / D D / Y Y Y Y

11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cabell Hobbs

Signature of Treasurer Cabell Hobbs

[Electronically Filed]

Date

M M / D D / Y Y Y Y

12 / 04 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 36

Write or Type Committee Name

Chris Day for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	40997.00	203357.14
(b) Total Contribution Refunds (from Line 20(d))	200.00	850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	40797.00	202507.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	72531.61	186924.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	72531.61	186924.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15294.14	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Chris Day for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

28357.00

147404.00

(ii) Unitemized.....

11540.00

48344.14

(iii) TOTAL of contributions from individuals ▶

39897.00

195748.14

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

1100.00

7609.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

40997.00

203357.14

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

40997.00

203357.14

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 36

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	72531.61	186924.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	200.00	400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	450.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	200.00	850.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	72731.61	187774.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	47028.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	40997.00
25. SUBTOTAL (add Line 23 and Line 24).....	88025.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	72731.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15294.14

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 36
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial) MARK ACKER		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 47 TRANQUILITY ROAD		Transaction ID : SA11.952	
City SUFFERN	State NY	Zip Code 10901-2508	Amount of Each Receipt this Period 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation BUSINESS OWNER		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) MARK ALEXANDER		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 16 PINE GLEN DRIVE		Transaction ID : SA11.869	
City BLAUVELT	State NY	Zip Code 10913-1150	Amount of Each Receipt this Period 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) VINCENT ALTIERI		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 35 WESTGATE RD.		Transaction ID : SA11.973	
City MONTEBELLO	State NY	Zip Code 10901-3128	Amount of Each Receipt this Period 100.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer ROCKLAND COUNTY DRAIN AGENCY	Occupation EXECUTIVE DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 245.00		
SUBTOTAL of Receipts This Page (optional).....		850.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)

KAREN AMATUZZO

Mailing Address 200 LONG CLOVE ROAD

City

NEW CITY

State

NY

Zip Code

10956-6938

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN GREETINGS

Occupation

MERCHANDISER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2014

Transaction ID : SA11.940

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BLAIR AXEL

Mailing Address 285 RIVERSIDE DR, #9-A

City

NEW YORK

State

NY

Zip Code

10025-5227

FEC ID number of contributing
federal political committee.

C

Name of Employer

PATTERSON, BELKNAPP, WEBB & TYLER

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : SA11.1038

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL BARRETT

Mailing Address 9 RESERVOIR DRIVE

City

NEW CITY

State

NY

Zip Code

10956-6808

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA11.889

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)

ROBERT BECHNER

Mailing Address 5 LAUREN RD.

City

PALISADES

State

NY

Zip Code

10964-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1099.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2014

Transaction ID : SA11.847

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LUCINDA BREGA

Mailing Address 15 TOMKINS VIEW

City

TOMKINS COVE

State

NY

Zip Code

10986-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11.1016

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BRUCE BYRNES

Mailing Address 3 DEERFOOT LANE

City

NEW CITY

State

NY

Zip Code

10956-6703

FEC ID number of contributing
federal political committee.

C

Name of Employer

BERKSHIRE HATHAWAY

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2014

Transaction ID : SA11.935

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

GENEVIEVE COFFEY

A.

Mailing Address 484 BLAUVELT RD.

City

PEARL RIVER

State

NY

Zip Code

10965-2858

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

374.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2014

Transaction ID : SA11.1006

Amount of Each Receipt this Period

75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DENNIS J. DALE

B.

Mailing Address 479 STATE RT. 17

City

MAHWAH

State

NJ

Zip Code

07430-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer

DALE & DALE ASSOCIATES

Occupation

OWNER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

523.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2014

Transaction ID : SA11.904

Amount of Each Receipt this Period

99.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DIANE L. DECICCO

C.

Mailing Address 33 WESTERLY DR.

City

NEW CITY

State

NY

Zip Code

10956-6656

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2014

Transaction ID : SA11.862

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

274.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

GERALDINE DESANTIS

A.

Mailing Address 3 WATERS EDGE

City

CONGERS

State

NY

Zip Code

10920-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.956

Amount of Each Receipt this Period

170.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS N. DIMICK

B.

Mailing Address 53 GREEN RD.

City

WEST NYACK

State

NY

Zip Code

10994-2626

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCKLAND COUNTY

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

379.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SA11.1037

Amount of Each Receipt this Period

99.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JERRY DONNELLAN

C.

Mailing Address 354 BOXBERGER RD.

City

VALLEY COTTAGE

State

NY

Zip Code

10989-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCKLAND COUNTY

Occupation

VETERANS DIRECTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.984

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

369.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)

MAURA T. DONOGHUE**A.**

Mailing Address 57 OAK RD.

City

NEW CITY

State

NY

Zip Code

10956-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCKLAND COUNTY

Occupation

DIRECTOR OF SOCIAL WORK

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : SA11.878

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ERIC DRANOFF**B.**

Mailing Address 23 GOLF COURSE DRIVE

City

SUFFERN

State

NY

Zip Code

10901-3948

FEC ID number of contributing
federal political committee.

C

Name of Employer

SARETSKY KATZ DRANOFF & GLASS

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11.949

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM W. ELLSWORTH**C.**

Mailing Address 29 MILE RD.

City

SUFFERN

State

NY

Zip Code

10901-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.961

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 36
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) JASON EPSTEIN			Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 255 EAST 74TH			Transaction ID : SA11.888	
City NEW YORK	State NY	Zip Code 10021-3574	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C		CONTRIBUTION		
Name of Employer COLUMBUS NOVA		Occupation FINANCE		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) EUGENE W. ERICKSON			Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 179 W. MAPLE AVE.			Transaction ID : SA11.1005	
City MONSEY	State NY	Zip Code 10952-1733	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		CONTRIBUTION		
Name of Employer N/A		Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 695.00		

Full Name (Last, First, Middle Initial) JEFFREY FEINMAN			Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 870 UNITED NATIONS PLAZA			Transaction ID : SA11.948	
City NEW YORK	State NY	Zip Code 10017-1807	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		CONTRIBUTION		
Name of Employer N/A		Occupation RETIRED		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....			3800.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
JAMES FLYNN

Mailing Address **8 HOVENKAMP AVE.**

City **NANUET** State **NY** Zip Code **10954-3322**

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFF

Occupation
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
299.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11.1002

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRANKLIN C. FREMONT

Mailing Address **26 LAKEWARD AVE.**

City **CONGERS** State **NY** Zip Code **10920-2053**

FEC ID number of contributing federal political committee. **C**

Name of Employer
PENTEGRA SERVICES, INC.

Occupation
DIRECTOR-INTERNAL AUDIT

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
704.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11.954

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KENNETH J GILES

Mailing Address **286 WEAVER STREET**

City **LARCHMONT** State **NY** Zip Code **10538-2342**

FEC ID number of contributing federal political committee. **C**

Name of Employer
GILES AGENCY, INC

Occupation
BROKER

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

Transaction ID : SA11.826

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**550.00**

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

DANIEL M. GREELEY

A.

Mailing Address 22 INTERSTATE ST.

City

SUFFERN

State

NY

Zip Code

10901-6816

FEC ID number of contributing
federal political committee.

C

Name of Employer
COUNTY OF ROCKLANDOccupation
ASST DIR OES

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		18		2014

Transaction ID : SA11.821

Amount of Each Receipt this Period

170.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MAUREEN HEALY

B.

Mailing Address 156 MEYER OVAL

City

PEARL RIVER

State

NY

Zip Code

10965-2523

FEC ID number of contributing
federal political committee.

C

Name of Employer
VIACOM MEDIA NETWORKSOccupation
VP AD SALES RESEARCH

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.943

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

GERALD HEILPERN

C.

Mailing Address 9 FIELDSTONE CT.

City

NEW CITY

State

NY

Zip Code

10956-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer
KOVACK SECURITIESOccupation
V. P.

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SA11.1026

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

370.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. GEORGE HOEHMANN

Mailing Address 5 LAKE SHORE DRIVE

City

NANUET

State

NY

Zip Code

10954-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCKLAND INDEPENDENT LIVING CENTER

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : SA11.911

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. HOWARD HOHLFELD

Mailing Address 9 AMORY DRIVE

City

VALLEY COTTAGE

State

NY

Zip Code

10989-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2014

Transaction ID : SA11.933

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. WILLIAM KILLIAN

Mailing Address 66 SOUTH LITTLE TOR RD.

City

NEW CITY

State

NY

Zip Code

10956-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOWN OF CLARKSTOWN

Occupation

POLICE OFFICER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

805.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11.955

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
BARBARA W. KOHLHAUSEN

Mailing Address **26 TERRACE DR.**

City	State	Zip Code
SOUTH NYACK	NY	10960-4222

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEALS ON WHEELS

Occupation
CEO

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : **SA11.877**

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JONATHAN KUPPERMAN

Mailing Address **PDI**

City	State	Zip Code
ORANGEBURG	NY	10962

FEC ID number of contributing
federal political committee.

C

Name of Employer
PDI HEALTHCARE

Occupation
EXECUTIVE VICE PRESIDENT

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : **SA11.809**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANTONIO LUCIANO

Mailing Address **52 SUMMIT ROAD**

City	State	Zip Code
CHESTNUT RIDGE	NY	10977-6706

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
RETIRED

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : **SA11.895**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)

JOHN MANNA

Mailing Address 201 WANAMAKER LANE

City

UPPER NYACK

State

NY

Zip Code

10960-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SA11.902

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DEAN MARKOWITZ

Mailing Address 5 OAK COURT

City

STONY POINT

State

NY

Zip Code

10980-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SA11.968

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HELENA L. MARKS

Mailing Address 10 TWIN ELMS LN.

City

NEW CITY

State

NY

Zip Code

10956-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

349.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		23		2014

Transaction ID : SA11.906

Amount of Each Receipt this Period

170.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

520.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

MARY ALICE MASCOLA

A.

Mailing Address 12 WHEELERS PLACE W

City

WEST NYACK

State

NY

Zip Code

10994-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

569.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		18		2014

Transaction ID : SA11.849

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HECTOR A. MAY

B.

Mailing Address 3 DUTCHESS DR.

City

ORANGEBURG

State

NY

Zip Code

10962-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer

EXECUTIVE COMPENSATION PLANNERS

Occupation

CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SA11.1010

Amount of Each Receipt this Period

1400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HECTOR A. MAY

C.

Mailing Address 3 DUTCHESS DR.

City

ORANGEBURG

State

NY

Zip Code

10962-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer

EXECUTIVE COMPENSATION PLANNERS

Occupation

CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : SA11.882

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

MARY P. MCDONNELL

A.

Mailing Address 7 POST CT.

City

NEW CITY

State

NY

Zip Code

10956-6616

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : SA11.879

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOSEPH MILILLO

B.

Mailing Address 11 S. HIGHLAND AVE.

City

PEARL RIVER

State

NY

Zip Code

10965-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.985

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SALVATORE MOCCIO SR.

C.

Mailing Address 20 WINDSOR CIR.

City

NEW CITY

State

NY

Zip Code

10956-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

279.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.995

Amount of Each Receipt this Period

99.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

549.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

EILEEN M. O'BRIEN**A.**

Mailing Address 30 STRAWBERRY HILL LN.

City

WEST NYACK

State

NY

Zip Code

10994-1622

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11.994

Amount of Each Receipt this Period

170.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. DENIS T. O'HANLON**B.**

Mailing Address 256 RIDGE ROAD

City

NEW CITY

State

NY

Zip Code

10956-6922

FEC ID number of contributing
federal political committee.

C

Name of Employer

ICBC FINANCIAL SERVICES

Occupation

SECURITY/FACILITIES

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11.974

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MATTHEW PILLER**C.**

Mailing Address 12 GLADE CT.

City

NEW CITY

State

NY

Zip Code

10956-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer

ONE CALL CARE MEDICAL

Occupation

CARE COORDINATOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

239.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11.812

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

345.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)

KEVIN J. PLUNKETT**A.**

Mailing Address 22 BIRCH WAY

City

TARRYTOWN

State

NY

Zip Code

10591-4602

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTCHESTER COUNTY

Occupation

DEPUTY COUNTY EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SA11.1025

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

GLORIA PORCELLI**B.**

Mailing Address 80 WISCONSIN AVE

City

CONGERS

State

NY

Zip Code

10920-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYACK HOSPITAL

Occupation

PHARMACIST

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		18		2014

Transaction ID : SA11.822

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICHAEL POWER**C.**

Mailing Address 5 ASSEMBLY COURT

City

NEW CITY

State

NY

Zip Code

10956-6901

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOCKTON

Occupation

RISK MANAGEMENT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SA11.967

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

PATRICIA A. POWER

A.

Mailing Address 5 ASSEMBLY CT.

City

NEW CITY

State

NY

Zip Code

10956-6901

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOCKTON

Occupation

INSURANCE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

485.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2014

Transaction ID : SA11.975

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHRISTOPHER C. QUICK

B.

Mailing Address PO BOX 610

City

PURCHASE

State

NY

Zip Code

10577-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2014

Transaction ID : SA11.1014

Amount of Each Receipt this Period

5400.00

CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED
(AUTOMATIC) SEE REATTRIBUTION

Full Name (Last, First, Middle Initial)

ANN QUICK

C.

Mailing Address PO BOX 610

City

PURCHASE

State

NY

Zip Code

10577-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2014

Transaction ID : SA11.1021

Amount of Each Receipt this Period

2700.00

CONTRIBUTION

[MEMO ITEM]
REATTRIBUTION / REDESIGNATION REQUESTED
(AUTOMATIC) REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER C. QUICK

Mailing Address **PO BOX 610**

City State Zip Code
PURCHASE NY 10577-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
RETIRED

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt

10 / 29 / 2014

Transaction ID : **SA11.1014B**

Amount of Each Receipt this Period

-2700.00

CONTRIBUTION

[MEMO ITEM]

REATTRIBUTION / REDESIGNATION REQUESTED
 (AUTOMATIC) REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
PHILIP QUINN

Mailing Address **7 VAN BUREN STREET**

City State Zip Code
STONY POINT NY 10980-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW CITY GARAGE INC

Occupation
OWNER

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt

10 / 27 / 2014

Transaction ID : **SA11.944**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DENISE L. RAMOS

Mailing Address **290 SOUTH MIDDLETOWN RD.**

City State Zip Code
PEARL RIVER NY 10965-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFF

Occupation
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
215.00

Date of Receipt

10 / 27 / 2014

Transaction ID : **SA11.970**

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

275.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
ALAN G. ROSENBLATT

Mailing Address 112 TENNYSON DR.

City State Zip Code
 NANUET NY 10954-1041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MONTALBANO, CONDON & FRANK PC ATTORNEY

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.1007

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KIM A. SAUCIER

Mailing Address 128 WASHINGTON AVE.

City State Zip Code
 SUFFERN NY 10901-6246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ROCKLAND COUNTY SHERIFF OFFICE POLICE OFFICER

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
 1209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : SA11.876

Amount of Each Receipt this Period

170.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DIANNE M. SCHIRIPA

Mailing Address 25-206 COLLEGE AVE.

City State Zip Code
 NANUET NY 10954-3038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 GREENBURGH ELEVEN UNION FREE SCHOOL DISTRICT TEACHER

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
 549.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		18		2014

Transaction ID : SA11.861

Amount of Each Receipt this Period

170.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

840.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)

ROSANA SFRAGA

Mailing Address 181 OAK TREE RD

City
 TAPPAN

State
 NY

Zip Code
 10983-2811

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 SELF-EMPLOYED

Occupation
 BUSINESS OWNER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
 10 / 18 / 2014

Transaction ID : SA11.863

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

BURT STEINBERG

Mailing Address 2 GLEN EAGLES COURT

City
 NEW CITY

State
 NY

Zip Code
 10956-5500

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 BSRC

Occupation
 CONSULTANT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.1027

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAWRENCE G. STEVENSON

Mailing Address 38 PONDVIEW DR.

City
 CONGERS

State
 NY

Zip Code
 10920-2225

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 INFORMATION REQUESTED PER BEST EFF

Occupation
 INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

255.00

Date of Receipt

M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11.907

Amount of Each Receipt this Period

170.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1970.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)

MARY STOLATIS

Mailing Address 343 OLD SLEEPY HOLLOW RD.

City

PLEASANTVILLE

State

NY

Zip Code

10570-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11.1001

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROBYN A. TURK

Mailing Address 1165 S MOUNTAIN RD.

City

NEW CITY

State

NY

Zip Code

10956

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA11.1028

Amount of Each Receipt this Period

125.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PETER VITRO

Mailing Address 34 TWIN ELMS LN.

City

NEW CITY

State

NY

Zip Code

10956-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREENROCK CORP.

Occupation

SECURITY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA11.905

Amount of Each Receipt this Period

170.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

545.00

TOTAL This Period (last page this line number only).....

28357.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 36

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)
FRIENDS OF JAMES DEAN

Mailing Address **8 ROBIN ST**

City	State	Zip Code
PEARL RIVER	NY	10965-2833

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

10 / 18 / 2014

Transaction ID : **SA11.853**

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
ROCKLAND COUNTY CORRECTION OFFICERS BENEVOLENT ASSN PAC

Mailing Address **PO BOX 2046**

City	State	Zip Code
NEW CITY	NY	10956

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

11 / 04 / 2014

Transaction ID : **SA11.1041**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
STERLING NATIONAL BANK FUND FOR GOOD GOVERNMENT

Mailing Address **400 RELLA BLVD.**

City	State	Zip Code
MONTEBELLO	NY	10901-4241

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

10 / 27 / 2014

Transaction ID : **SA11.989**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

1100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST.

City	State	Zip Code
NEW YORK	NY	10285

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2014

Amount of Each Disbursement this Period

277.73

Transaction ID : SB.24

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2014

Amount of Each Disbursement this Period

193.45

Transaction ID : SB.10

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement
DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

798.00

Transaction ID : SB.11

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1269.18

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

270.00

Transaction ID : SB.20

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2014

Amount of Each Disbursement this Period

22.67

Transaction ID : SB.26

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2014

Amount of Each Disbursement this Period

22.67

Transaction ID : SB.27

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

315.34

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2014

Amount of Each Disbursement this Period

2.95

Transaction ID : SB.28

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2014

Amount of Each Disbursement this Period

61.92

Transaction ID : SB.5

C. COMFORT INN

Mailing Address 1 CHOICE HOTELS CIR STE 400

City	State	Zip Code
ROCKVILLE	MD	20850

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

189.45

Transaction ID : SB.23

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

254.32

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. CONSTANT CONTACT

Mailing Address 1601 TRAPELO RD

City	State	Zip Code
WALTHAM	MA	02451

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2014

Amount of Each Disbursement this Period

211.33

Transaction ID : SB.9

B. EXXON MOBIL

Mailing Address 5959 LAS COLINAS BLVD.

City	State	Zip Code
IRVING	TX	75039

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

15.00

Transaction ID : SB.13

C. FACEBOOK

Mailing Address 1601 WILLOW RD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

763.94

Transaction ID : SB.16

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

990.27

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1601 WILLOW RD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

873.45

Transaction ID : SB.18

B. FACEBOOK

Mailing Address 1601 WILLOW RD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

836.93

Transaction ID : SB.22

C. GODADDY.COM

Mailing Address 14455 N HAYDEN RD, STE 219

City	State	Zip Code
SCOTTSDALE	AZ	85260

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

6.99

Transaction ID : SB.15

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

873.45

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. PROVIDENT BANK

Mailing Address 400 RELLA BLVD

City	State	Zip Code
MONTEBELLO	NY	10901

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2014

Amount of Each Disbursement this Period

50000.00	35.00
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Transaction ID : SB.7

B. ROCKLAND COUNTY TIMES

Mailing Address 119 MAIN STREET 2ND FLOOR

City	State	Zip Code
NANUET	NY	10954

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

100.00	100.00
--------	--------

Transaction ID : SB.4

C. SPECTRUM MARKETING COMPANIES INC

Mailing Address 95 EDDY RD

City	State	Zip Code
MANCHESTER	NH	03102

Purpose of Disbursement
PRINTING/POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

50000.00	50000.00
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Transaction ID : SB.19

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

50135.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 36

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. THE CASALE GROUP

Mailing Address 125 LAKE ST

City	State	Zip Code
COOPERSTOWN	NY	13326

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2014

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB.6

B. U-HAUL

Mailing Address 1325 AIRMOTIVE WAY, STE 100

City	State	Zip Code
RENO	NV	89502

Purpose of Disbursement
EQUIPMENT RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

90.61

Transaction ID : SB.14

C. USPS

Mailing Address 475 L'ENFANT PLAZA SW, RM4012

City	State	Zip Code
WASHINGTON	DC	20060

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2014

Amount of Each Disbursement this Period

12.30

Transaction ID : SB.25

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10102.91

72531.61

